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THE VISITING NURSE DEPARTMENT



IN CHARGE OF

HARRIET FULMER

THE editor of this department sincerely apologizes for inserting so much local material. To avoid this she urges the thousand visiting nurses throughout the country to lend a hand in making the pages of the Visiting Nurse Department of the JOURNAL, live, interesting and up to date. The managers of the magazine were good enough to give us the space. Now it belongs to visiting nurses to fill it with the best material. We must not forget that in doing this we are competing with the other departments of long standing, and ably edited, but with no better resources for material than we have at hand, if each in the various branches of the work, out of the wealth of her experience would contribute her share.

THOSE who heard Lady Hermione Blackwood in Paris last summer tell of the work of a District nurse on the coast of Ireland, her hardship and thrilling experiences could almost match it, by the story of the work in the mountain region of Kentucky. The description of the work there is like a page from romance. The nurse who is doing this work would be very glad to send any of her fellow-nurses a letter, telling of her experiences, either direct or through the editor. There is always a strong bond of comradeship among all nurses, but it always seems emphasized among visiting nurses. The visiting nurse in the farm villages of Massachusetts, the mountains of Kentucky, the north coast of Ireland, the crowded quarters of London and New York, the thriving manufacturing western town, have untold things in common.

Is the Visiting Nurse really a social factor? The readers will remember some two years ago some one wrote an article in *The Outlook*, starting out like this, Does the Visiting Nurse Nurse? or words to the same affect. The article created quite a stir in the visiting nurse circle for of course we all were quite sure we nursed just as well as the old-fashioned visiting nurse, before all sorts of up-to-date reform movements came to the fore, in which we are now supposed to take part, but we are not so sure that the writer was not partially justified in her criticism of

us. Nursing the less fortunate classes, and having knowledge of all the forces which make for their betterment seems essential, but is it essential? Is there not some danger in the pendulum swinging too far the other way? Granted that the knowledge of all these agencies makes her a more intelligent woman, does it make her a better nurse, the real prime object for which she goes into the home? When the visiting nurse becomes a social worker in any sense, she is no longer a nurse. Her hospital training makes her a better social worker, but she can be a good social worker without the long and arduous education of a nurse, and *vice versa*. If we could strike the happy medium of combining the two, much good could be accomplished, but if we must drop one let us keep the nursing, the actual hand service to the sick, and let other social agencies do the specific work for which they were formed. This sounds like heresy in the ranks of modern visiting nursing, but we are led to think (we may be wrong) that we are each day getting farther away from the original purpose of the work.

Visiting Nursing work has a strong inter-relation with playgrounds and vacation schools and summer outings. At every turn we should lend our hand to promote these efforts, which are the real agencies for making future able-bodied and moral citizens, BUT, (and we emphasize it) let us not get away from our real work,—nursing.

A visiting nurse giving talks at a mothers' meeting, while her sick in the home lack for actual hand service, is like the mother of a household at the club lecturing on the care of children, while her own are neglected. They are both right in their proper place, but if we only have time for the one thing let it be first, last, and for all time efficient nursing service to the sick. Happy is the nurse who can combine the two, but it is dangerous ground for most of us.

PHILADELPHIA is to be congratulated. At last the city is to have an organized staff of nurses as assistants to the medical inspectors in the public schools.

An appropriation has been made for this purpose to the Board of Education for the salaries of a supervising nurse and five assistants. This is a very small beginning for a city the size of Philadelphia, but we hope that in another year the need of such service will have demonstrated itself definitely and that funds will be appropriated to meet the expense of a corps of nurses sufficiently large to cover the schools needing such service.

The work of the school nurse was started by The Visiting Nurse Society of Philadelphia in October, 1903, with the hope that it would

be taken up by the city in a short time. One nurse was appointed to assist the medical inspector in six of the schools in the most congested districts. The results proved the need of this service. The Bureau of Health and the Board of Education received the reports with appreciation and encouraged the Visiting Nurse Society to believe each year that one of these two bodies would organize this work on a business basis. In 1907, the board of managers of the Visiting Nurse Society, finding that no definite effort was being made towards this end, decided to make the demonstration on broader lines and give the work more publicity. In October, three more nurses were placed under the supervision of Miss Anna L. Stanley, who had organized and carried on the work. Both the Bureau of Health and Board of Education were notified that after December 31st, all nurses would be withdrawn from the schools. This was done with the result that in a few days it was announced that the Board of Education had received an appropriation to carry on the work.

A staff of five nurses, selected from over two hundred applicants, has been placed under the supervision of Miss Stanley, whose very efficient service has done so much towards giving to Philadelphia one of its most practical benefits.

ANOTHER month will see the Visiting Nurse Association work established in the following places: Lincoln, Nebraska; Galesberg, Quincy; East St. Louis, Illinois; Madison, Wisconsin; LaPorte, Indiana; Memphis, Tennessee; San Diego, California.

DURING 1907 the following *new* societies have been started, and are now in excellent running order: Fort Dodge, Iowa; Milwaukee, Wisconsin.

MRS. HAMPTON ROBB has been appointed by the Cleveland Visiting Nurse Association to consider the matter of adopting a National Seal for Visiting Nurses. She wishes to hear as soon as possible from all the various Associations, giving their opinion of the feasibility of the plan, and offering designs for the same. Address: Mrs. Hampton Robb, in care Visiting Nurse Association, Cleveland, Ohio.

SCHOOL nursing has been introduced as an experiment at Rochester, N. Y. The Women's Union and the nursing organizations of the city are supplying a nurse for three months with the hope that she may prove so useful that the school board will take up the work. Miss Phelan, who has been the tuberculosis nurse, working under the Board of Health, is making the trial.

THE Visiting Nurse Association of Chicago is arranging to call a meeting of all the Visiting Nurses in this country, in the spring either before or after the meeting of the Associated Alumnae, in San Francisco. This would be a good time to discuss the National Seal. The meeting will not be in the form of an organization, but simply to further the interest of the work. It is not probable that many nurses will be able to come, as they are so widely scattered, but it is time for a national meeting of this sort of work, exclusively for the visiting nurse in her various branches. No specific plans have as yet been formed, but the meeting is a *decided* matter.

AT Yonkers, New York, a tuberculosis dispensary has been opened, and a school nurse is employed.

AT Ithaca, New York, a visiting nurse has been appointed whose salary is furnished by various churches and women's organizations.

THE Chicago Tuberculosis Institute has just installed four visiting nurses in their dispensary work. They are to have charge of all the ambulatory cases.

